

Coparenting and parenting self-efficacy in mothers and fathers at six months postpartum

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Abstract: *Background/Aims:* Although studies of the association between coparenting and parenting self-efficacy are increasing, little is known about this association in both mothers and fathers during the postpartum period. To better understand the association between coparenting and parenting self-efficacy during the transition to parenthood, this study aimed to analyse the association between coparenting and parenting self-efficacy at six months postpartum period, and the moderating role of parental role on this association. *Design/Methods:* The study included one independent sample of 161 mothers and one independent sample of 44 fathers ($N = 212$). At six months postpartum, parents completed a self-reported sociodemographic questionnaire, and measures to assess coparenting (Coparenting Relationship Scale) and parenting self-efficacy (Karitane Parenting Confidence Scale). *Results:* Results showed that more coparenting agreement, coparenting closeness, coparenting support, endorse partner parenting and Coparenting relationship scale total score were associated with higher parenting self-efficacy, whereas more coparenting undermining was associated with lower parenting self-efficacy. No significant gender moderation was found between coparenting and parenting self-efficacy. However, the interaction between exposure to conflict and parental role was marginally associated with parenting self-efficacy. More exposure to conflict was associated with lower parenting self-efficacy in mothers. However, in fathers, exposure to conflict was not associated with parenting self-efficacy. *Conclusion:* This study highlights the importance of targeting coparenting to promote parents' parenting self-efficacy during the transition to parenthood.

Keywords: Coparenting, Parenting self-efficacy, Parental role.

Introduction

The transition to parenthood represents a major developmental transition that requires psychological adjustment and family system reorganization (Allan, 2008; Baldwin et al., 2019; Hjälmlhult & Lomborg, 2012). During the perinatal period, parents are confronted with the demanding task of reorganizing daily routines, renegotiating roles, and redistributing childcare and household responsibilities within a newly restructured family system (Cox & Paley, 2003; Lévesque et al., 2020). In this context, coparenting dynamics and parental self-efficacy emerge as central and interrelated processes with important implications for family functioning and child development (Durtshi et al., 2017; Jones & Prinz, 2005; Schoppe-Sullivan et al., 2016).

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Coparenting is defined as the reciprocal involvement of both caregivers in responsibilities and decision making regarding their childcare (Feinberg, 2002, 2003; Hock & Mooradian, 2013). It has four interrelated components: (dis)agreement on childrearing issues; division of labour; support *versus* undermining for the co-parental role; and joint management of family interactions (Feinberg, 2003). The quality of coparenting predicts child development and well-being (Altenburger et al., 2017; Lamela et al., 2010; Mosmann et al., 2018). Positive coparenting includes child-related issues negotiation and support, creating a family environment beneficial for the child (Jamison et al., 2014; Teubert & Pinquart, 2010). Conversely, negative coparenting (i.e., conflict and undermining) is associated with children's internalising symptoms – such as anxiety (Jourilles et al., 2014) and somatic complaints (Umemura et al., 2015) –, and externalising problems, such as attention deficit hyperactivity disorder (Hentges et al., 2015) and oppositional defiant disorder (Umemura et al., 2015).

Several factors influence parents' adjustment to their coparenting roles, including individual and child characteristics, couple relationship, and external stressors and support (Campbell, 2023; Feinberg, 2003; Perry et al., 2017). While some research suggests similar levels of satisfaction between mothers and fathers (Cabrera et al., 2014; Solmeyer & Feinberg, 2011), other studies suggest that mothers and fathers may differ in their coparenting experiences (Campbell, 2023; Fagan & Cherson, 2017; Wang et al., 2023). Mothers may report lower coparenting satisfaction due to greater parental responsibilities and traditional gender roles, which often result in a higher workload for mothers, especially during the early years of a child's life (Coltrane & Shih, 2010; Kotila et al., 2013). Fathers' involvement in parenting can sometimes be secondary, but they tend to show higher levels of coparenting satisfaction and greater engagement with their children when they perceive support and encouragement from mothers (Perry et al., 2017; Schoppe-Sullivan et al., 2008; Van Egeren et al., 2004).

Coparenting relationship quality is a form of feedback about parenting competence and may influence parenting self-efficacy (Best & Campbell, 2026; Merrifield & Gamble, 2013; Wang et al., 2023). This can be particularly important during early parenthood, as the frequent interactions between parents offer ongoing feedback about their parenting, which can shape their beliefs in their own parental abilities (Bouchard et al., 2007).

Parenting self-efficacy refers to parents' perceptions of their parenting skills (Bandura, 1997; Črnčec et al., 2008; de Montigny & Lacharité, 2005). It is an emergent and dynamic process that is shaped by tasks and situational demands, as well as individual factors (Fang et al., 2021; Sevigny & Loutzenhiser, 2010).

The ways parents feel supported to perform their parenting role can influence their parenting self-efficacy (Best & Campbell, 2026; Merrifield & Gamble, 2013; Wang et al., 2023). When parents feel higher levels of support from others, they tend to maintain their beliefs about self-efficacy (Hudson et al., 2003; Leahy Warren, 2005; Merrifield & Gamble, 2013). Parents with high parenting self-efficacy are more confident in their parenting abilities, are more likely to be more involved in childcare, have higher parental competence, and are more able to recognise and meet children's needs (Donithen & Schoppe-Sullivan, 2022; Jones & Prinz, 2005; Merrifield & Gamble, 2013). Parents that feel more confident in their parenting abilities tend to have children with better socioemotional development, as well as better health (Coleman & Karraker, 2003; Dette-Hagenmeyer et al., 2014). Contrarily, low parenting self-efficacy is associated with hostile or coercive parenting behaviours, associated with worse child mental health outcomes, including behavioural and emotional difficulties (Jones & Prinz, 2005; Murdock, 2013; Sevigny & Loutzenhiser, 2010).

Mothers and fathers may perceive their parental roles differently and can use their parenting abilities in different ways (Fang et al., 2021; Guimond et al., 2008; Schoppe-Sullivan & Fagan, 2020). While some studies find similar levels of parenting self-efficacy between mothers and fathers (Dunning & Giallo, 2012; de Haan et al., 2013), other studies suggest higher levels in

mothers compared to fathers (Gordo et al., 2018; Salonen et al., 2009; Solmeyer & Feinberg, 2011). This may reflect traditional gender roles, with mothers often viewed as primary caregivers and with better parenting skills (Schoppe-Sullivan & Fagan, 2020), contributing to higher maternal parenting self-efficacy. It may also contribute to lower levels of parenting self-efficacy in fathers as they may feel less competent in parenting than mothers (Donithen & Schoppe-Sullivan, 2022; Gaynor et al., 2024).

Sharing parenting responsibilities provides parents with a consistent source of information about their parenting performance (Bouchard et al., 2007; Merrifield & Gamble, 2013). Coparenting support is associated with higher parenting self-efficacy (Donithen & Schoppe-Sullivan, 2022; Pinto et al., 2016). Contrarily, coparenting competition and discouragement is associated with lower parenting self-efficacy (Best & Campbell, 2026; Porter & Hsu, 2003; Solmeyer & Feinberg, 2011).

Coparenting and parenting self-efficacy are shaped by perceptions of parenting roles, which are influenced by psychological factors and social values (Favez et al., 2015; Feinberg, 2003; Sevigny & Loutzenhiser, 2010). Non-traditional father involvement beliefs have been shown to predict greater coparenting (Pinho & Gaunt, 2019; Schoppe-Sullivan et al., 2008; Wang & Schoppe-Sullivan, 2025). Furthermore, mothers can influence fathers' involvement in childcare depending on their beliefs about parental roles (McBride et al., 2005; Murphy et al., 2017; Van Egeren, 2003). Mothers with traditional views of parental roles may see fathers' involvement in childcare as disrespectful (Gaunt & Deutsch, 2024; Pinho & Gaunt, 2024), whereas non-traditional views encourage fathers to be more involved in parenting, leading to a more equal division of family work (Gaunt & Deutsch, 2024; Pinho & Gaunt, 2024; Wang & Cheung, 2023). Fathers with positive beliefs about their competence and role in child development have greater involvement in family life and coparenting (Kwok & Li, 2014; Liu et al., 2022; Schoppe-Sullivan et al., 2013).

Although studies about the association between coparenting and parenting self-efficacy are increasing, little is known about this association in both mothers and fathers during the postpartum period. To better understand the association between coparenting and parenting self-efficacy during the transition to parenthood, this exploratory study aimed to analyse (1) the association between coparenting and parenting self-efficacy in mothers and fathers at 6 months postpartum, and (2) the moderating role of parental role (mother or father) in the association between coparenting and parenting self-efficacy at 6 months postpartum.

Method

Procedure and participants

The sample comprised participants from two larger longitudinal cohort studies, one conducted with mothers (between 2012 and 2015; Dias & Figueiredo, 2021) and another conducted with fathers (between 2013 and 2014; Pinto et al., 2016), both approved by respective ethical commissions. In both studies, participants were recruited during routine antenatal care appointments at two Portuguese hospitals, following similar procedures. Mothers and fathers were recruited independently and therefore do not constitute dyads. Both studies excluded parents that were unable to read/write in Portuguese, multiple births, second-time parents, and pregnancies with gestational or foetal complications. We focus this study on first-time parents, as a first transition to parenthood represents a unique developmental period characterized by the initial development of coparenting relationship and parenting self-efficacy.

In both studies, participants completed online assessments at 6 months postpartum. For the present study, participants who completed a sociodemographic questionnaire at the time of recruitment and measures of coparenting and parenting self-efficacy at 6 months postpartum were included. The selection of parents from the two different cohorts resulted in a sample size of 161 mothers and 44 fathers ($N = 205$). Nearly all participants were Portuguese (92.7%) and Caucasian (88.8%), employed at the time of the study (83.3%), and married/cohabiting (90.2%). More than half were aged over 30 years old (72.5%, $M = 31.66$, $SD = 4.05$), had over 12 years of education (51.0%), were from medium/low socioeconomic level (58.8%), and the infant sex was male (57.6%; see Table 1).

Table 1

Sociodemographic characteristics overall and by parental role

Characteristics	Total ($N = 205$)		Mothers ($n = 161$)		Fathers ($n = 44$)		<i>P</i>
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Marital status							.501
Married	131	63.9	100	62.1	31	70.5	
Cohabitation	43	21.0	34	21.1	9	20.5	
Single	29	14.1	25	15.5	4	9.1	
Missing	2	1.0	2	1.2	-	-	
Age (in years)							.524
18 – 29	64	31.2	52	32.3	12	27.3	
≥ 30	141	68.8	109	67.7	32	72.7	
Occupational status							.196
Employed	160	78.0	39	76.5	46	90.2	
Unemployed	33	16.1	11	23.5	4	7.8	
Household or student	10	4.9	1	2.0	1	2.0	
Missing	2	1.0	2	1.2	-	-	
Education (in years)							<.001**
≤ 12	80	39.0	50	31.1	30	68.2	
> 12	125	61.0	111	68.9	14	31.8	
Socioeconomic level							.004**
High	139	67.8	117	72.7	22	50.0	
Medium/low	65	31.7	43	26.7	22	50.0	
Missing	1	0.5	1	0.6	-	-	
Infant sex							.876
Male	103	50.2	84	52.2	19	43.2	
Female	91	44.4	75	46.6	16	36.4	
Missing	11	5.4	2	1.2	9	20.5	

Note. $N = 205$. *p*-values were calculated using Chi-square test to compare mothers and fathers.

Measures

Sociodemographic characteristics. The sociodemographic questionnaire was used to collect sociodemographic information about the participants: marital status, age, occupational status, education, socioeconomic level (using the Graffar (1956) Scale of Professional Classification), and the infant sex.

Coparenting. The Coparenting Relationship Scale (CRS; Feinberg et al., 2012) was used to assess coparenting. The CRS was psychometrically tested in parents of infants and young children, including families in the postpartum period (Tissot et al., 2024). The Portuguese version of CRS

(Tissot et al., 2024) is a 35-item self-report measure scored on a 7-point Likert-type scale, from 0 (not true of us) to 6 (very true of us). It comprises 6 subscales: (1) coparenting agreement that refers to the extent to which parents share similar views and agree on childrearing practices and decisions (4 items; e.g., “My partner and I have the same goals for our child.”); (2) coparenting closeness reflects the degree of emotional closeness, cooperation and sense of partnership between parents in their shared parenting role (5 items; e.g., “My relationship with my partner is stronger now than before we had a child.”); (3) exposure to conflict indicates how often the child is exposed to conflict between parents (5 items; e.g., “One or both of you say cruel or hurtful things to each other in front of the child?”); (4) coparenting support assesses the extent to which one parent affirms and supports the other’s parenting competence and decisions (6 items; e.g., “My partner asks my opinion on issues related to parenting.”); (5) coparenting undermining captures behaviours in which one parent criticizes, contradicts, or interferes with the other parent’s authority or parenting practices, particularly in ways that may weaken the partner’s role (6 items; e.g., “My partner does not trust my abilities as a parent.”); (6) endorse partner parenting assesses the extent to which a parent trusts, respects and approves of the other parent’s parenting abilities and judgements (7 items; e.g., “I believe my partner is a good parent.”). 8 items are reversed scored. The subscale scores are obtained by summing up the number of corresponding items in each subscale (see Feinberg et al., 2012), with higher scores indicating more presence of the respective coparenting dimension. The total scores are obtained by summing up all the items, with higher scores indicate better coparenting quality.

The CRS original (Cronbach’s $\alpha = .94$ for mothers and $.91$ for fathers; Feinberg et al., 2012) and the Portuguese versions [coparenting support ($\alpha = .94$); exposure to conflict ($\alpha = .89$); endorse partner parenting ($\alpha = .787$); coparenting closeness ($\alpha = .75$); coparenting undermining ($\alpha = .76$); coparenting agreement ($\alpha = .83$); Pinto & Figueiredo, 2023, 2024; Tissot et al., 2024] showed good internal consistency. In the present study, the CRS showed overall good internal consistency for the total CRS ($\alpha = .93$ for mothers and $\alpha = .97$ for fathers), coparenting agreement ($\alpha = .70$ for mothers and $\alpha = .85$ for fathers), coparenting support ($\alpha = .90$ for mothers and $\alpha = .92$ for fathers), exposure to conflict ($\alpha = .88$ for mothers and $\alpha = .91$ for fathers), endorse partner parenting ($\alpha = .85$ for mothers and $\alpha = .91$ for fathers), coparenting closeness ($\alpha = .77$ for mothers and $\alpha = .86$ for fathers), and coparenting undermining ($\alpha = .61$ for mothers and $\alpha = .78$ for fathers).

Parenting self-efficacy. The Karitane Parenting Confidence Scale (KPCS; Črnčec et al., 2008) was used to assess parenting self-efficacy. The KPCS is designed for parents with infants aged 0 – 12 months, therefore, its application to the present study is appropriate.

The Portuguese version of KPCS (Pinto et al., 2016, 2023) is a 15-item self-report measure (e.g., “I am confident about feeding my baby.”) scored on a 4-point Likert-type scale, from 0 (no, almost never) to 3 (yes, most of the time). KPCS total scores range between 0 and 45. Higher scores indicate higher parenting self-efficacy. The KPCS original (Cronbach’s $\alpha = .81$; Črnčec et al., 2008) and the Portuguese versions (Cronbach’s $\alpha = .77$; Pinto et al., 2016, 2023) showed good internal consistency. The KPCS showed good internal consistency in the present study: Cronbach’s $\alpha = .82$ ($\alpha = .74$ for mothers and $\alpha = .84$ for fathers).

Data analysis

Descriptive statistics were computed for all study variables. Associations between participants’ sociodemographic characteristics (see Table 1) and coparenting, parental role, parenting self-efficacy were performed using Chi-square tests (for categorical and ordinal variables) and Pearson correlations (for continuous variables) to identify potential covariates.

To address the study aims, 7 moderation models (one for each independent variable) were tested using the PROCESS macro (Model 1; Hayes, 2017). The models included (1) coparenting

agreement, coparenting closeness, exposure to conflict, coparenting support, coparenting undermining, endorse partner parenting (CRS subscales), or CRS total score as the independent variables; (2) parental role (0 = father; 1 = mother) as the moderating variable; and (3) the interaction between CRS subscales or total score and parental role to test the moderation effect. Parenting self-efficacy was included as dependent variable in each model. Unadjusted and adjusted models were conducted. Adjusted models included the following identified covariates: marital status, age, occupation status, education and socioeconomic level. These covariates were selected as preliminary analysis showed associations with the independent, moderating or dependent variables. Conditional effects were examined and graphed for each group of the moderator. The assumptions regarding linear regressions were checked and met.

The statistical analyses were carried out using the Statistical Package for the Social Sciences (SPSS, IBM Corp., v.30.0, 2022) and the PROCESS computation macro (v.3.5; Model 1; Hayes, 2017). The level of statistical significance was set at $p < .05$ and marginal significance was set at $p < .10$.

Results

Preliminary analysis

Descriptive statistics of coparenting and parenting self-efficacy are presented in Table 2. Being under 30 years old was associated with more coparenting agreement and closeness, r range = $-.14 - -.15$, $ps < .05$. Being married was associated with more coparenting agreement, closeness, support, endorse of partner parenting, and higher CRS total scores, $range = -.14 - -.20$, $ps < .05$, and less exposure to conflict, $r = .14$, $p = .044$. Being employed was associated with more coparenting agreement, closeness, support, endorse of partner parenting, and higher CRS total scores, r range = $.19 - .21$, $p < .01$. No associations were found between any of the characteristics presented in Table 1 and coparenting undermining (see Table 3).

Table 2

Descriptive statistics of coparenting and parenting self-efficacy overall and by parental role

Descriptive	Total (<i>n</i> = 205)				Mothers (<i>n</i> = 161)				Fathers (<i>n</i> = 44)			
	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
CA	19.78	4.39	1.00	24.00	19.63	4.40	1.00	24.00	20.30	4.37	11.00	24.00
CC	24.44	5.64	6.00	30.00	24.37	5.57	6.00	30.00	24.73	5.92	12.00	30.00
EC	3.58	5.09	0.00	23.00	3.78	5.08	0.00	23.00	2.84	5.11	.00	20.00
CS	29.88	7.20	0.00	36.00	29.84	7.15	0.00	36.00	30.05	7.46	12.00	36.00
CU	4.58	5.24	0.00	25.00	4.24	4.80	0.00	25.00	5.84	6.50	.00	21.00
EPP	36.42	7.04	12.00	42.00	36.27	6.87	12.00	42.00	36.98	7.72	18.00	42.00
CRS total score	176.01	29.43	61.00	210.00	175.39	28.02	61.00	210.00	178.30	34.36	98.00	210.00
Parenting self-efficacy (KPCS total score)	41.22	3.65	28.00	45.00	41.60	3.49	30.00	45.00	39.84	3.92	28.00	45.00

Notes. *N* = 205. *M* = Mean; *SD* = Standard Deviation; CA = Coparenting agreement (scores possible range = 0 – 24); CC = Coparenting closeness (scores possible range = 0 – 30); EC = Exposure to conflict (scores possible range = 0 – 30); CS = Coparenting support (scores possible range = 0 – 36); CU = Coparenting Undermining (scores possible range = 0 – 36); EPP = Endorse of partner parenting (scores possible range = 0 – 42); CRS = Coparenting Relationship Scale (scores possible range = 0 – 210); KPCS = Karitane Parenting Confidence Scale (scores possible range = 0 – 45).

Table 3

Associations between sociodemographic characteristics, coparenting, and parenting self-efficacy

	Marital status	Age	Occupational status	Education	Socioeconomic level	Infant sex
CA	-.17*	-.15*	.20*	-.05	.01	.01
CC	-.14*	-.14*	.21*	-.12	.01	.05
EC	.14*	.07	.03	.10	-.13	-.04
CS	-.18*	-.05	.21**	-.02	-.08	.04
CU	.10	.02	-.23	-.08	.01	.04
EPP	-.15*	.02	-.19**	-.10	.04	-.04
CRS total scores	-.20**	-.06	.20**	-.05	.01	-.01
Parenting self-efficacy (KPCS total scores)	-.03	.09	.02	.09	-.06	.12

Notes. CA = Coparenting agreement; CC = Coparenting closeness; EC = Exposure to conflict; CS = Coparenting support; CU = Coparenting Undermining; EPP = Endorse partner parenting; CRS = Coparenting Relationship Scale; KPCS = Karitane Parenting Confidence Scale. * $p < .05$; ** $p < .01$.

Parental role was associated with education years, $\chi^2(1) = 20.02$, $p < .001$, and socioeconomic level, $\chi^2(1) = 8.50$, $p = .004$. Mothers were more likely to report who have more than 12 years of schooling and higher socioeconomic levels than fathers (see Table 1).

No significant associations were found between any of the characteristics presented in Table 1 and parenting self-efficacy (see Table 3).

Coparenting and parenting self-efficacy at 6 months postpartum

Coparenting agreement. The final adjusted model was statistically significant, explaining 15% of the variance in parenting self-efficacy, $R^2 = .15$, $F = 4.26$, $p < .001$. More coparenting agreement was associated with higher parenting self-efficacy, $\beta = 0.37$, $p = .003$, 95% CI [0.13, 0.62] (see Table 4).

Coparenting closeness. The final adjusted model was statistically significant, explaining 14% of the variance in parenting self-efficacy, $R^2 = .14$, $F = 3.78$, $p < .001$. More coparenting closeness was associated with higher parenting self-efficacy, $\beta = 0.23$, $p = .014$, 95% CI [0.05, 0.41] (see Table 4).

Exposure to conflict. The final adjusted model was statistically significant, explaining 7% of the variance in parenting self-efficacy, $R^2 = .07$, $F = 2.55$, $p = .002$. Exposure to conflict was not associated with parenting self-efficacy, $\beta = 0.06$, $p = .592$, 95% CI [-0.16, 0.27] (see Table 4).

Coparenting support. The final adjusted model was statistically significant, explaining 15% of the variance in parenting self-efficacy, $R^2 = .15$, $F = 4.66$, $p < .001$. More coparenting support was associated with higher parenting self-efficacy, $\beta = 0.18$, $p = .014$, 95% CI [0.04, 0.32] (see Table 4).

Coparenting undermining. The final adjusted model was statistically significant, explaining 9% of the variance in parenting self-efficacy, $R^2 = .09$, $F = 3.99$, $p = .002$. More coparenting undermining was associated with lower parenting self-efficacy, $\beta = -0.17$, $p = .040$, 95% CI [-0.34, -0.00] (see Table 4).

Table 4

Independent and interaction associations between coparenting, parental role, and parenting self-efficacy at 6 months postpartum

Parenting self-efficacy as dependent variable	Unadjusted model				Adjusted model					
	R (R ²)	F	β	p	CI 95%	R (R ²)	F	β	p	CI 95%
CA model	.36 (.13)	9.93		<.001		.39 (.15)	4.26		<.001	
CA			0.32	.007	0.09 – 0.56			0.37	.003	0.13 – 0.62
Parental role			1.96	.001	0.80 – 3.11			2.05	.002	0.80 – 3.31
CA x parental role			-0.10	.465	-0.36 – 0.17			-0.11	.413	-0.39 – 0.16
Age			-	-	-			1.16	.043	0.04 – 2.28
Marital status			-	-	-			0.31	.388	-0.39 – 1.00
Occupation status			-	-	-			-0.37	.490	-1.42 – 0.68
Education			-	-	-			-0.31	.650	-1.67 – 1.04
Socioeconomic level			-	-	-			-0.44	.541	-1.85 – 0.97
CC model	.34 (.11)	8.68		<.001		.37 (.14)	3.78		<.001	
CC			0.20	.026	0.02 – 0.38			0.23	.014	0.05 – 0.41
Parental role			1.83	.002	0.66 – 2.99			1.82	.005	0.56 – 3.08
CC x parental role			-0.03	.771	-0.23 – 0.17			-0.02	.838	-0.29 – 0.19
Age			-	-	-			0.95	.098	-0.18 – 2.07
Marital status			-	-	-			0.30	.400	-0.40 – 1.01
Occupation status			-	-	-			-0.29	.584	-1.35 – 0.76
Education			-	-	-			-0.16	.819	-1.52 – 1.20
Socioeconomic level			-	-	-			-0.34	.638	-1.76 – 1.08
EC model	.27 (.07)	5.23		.002		.27 (.07)	2.55		.002	
EC			0.06	.573	-0.15 – 0.27			0.06	.592	-0.16 – 0.27
Parental role			1.74	.005	0.54 – 2.94			1.60	.015	0.32 – 2.88
EC x parental role			-0.20	.089	-0.44 – 0.03			-0.20	.095	-0.45 – 0.04
Marital status			-	-	-			-0.04	.910	-0.74 – 0.66
Education			-	-	-			-0.19	.769	-1.50 – 1.11
Socioeconomic level			-	-	-			0.20	.755	-1.07 – 1.48
CS model	.37 (.14)	10.52		<.001		.38 (.15)	4.66		<.001	
CS			0.17	.017	0.03 – 0.31			0.18	.014	0.04 – 0.32
Parental role			1.79	.002	0.64 – 2.94			1.71	.007	0.47 – 2.95

Parenting self-efficacy as dependent variable	Unadjusted model					Adjusted model				
	R (R ²)	F	β	p	CI 95%	R (R ²)	F	β	P	CI 95%
CS x parental role			-0.01	.862	-0.17 – 0.14			0.00	.999	-0.16 – 0.16
Marital status			-	-	-			0.33	.361	-0.38 – 1.03
Occupation status			-	-	-			-0.48	.372	-1.53 – 0.58
Education			-	-	-			-0.29	.688	-1.70 – 1.12
Socioeconomic level			-	-	-			0.01	.992	-1.31 – 1.32
CU model	.30 (.09)	7.02		< .001		.30 (.09)	3.99		.002	
CU			-0.17	.041	-0.33 – -0.01			-0.17	.040	-0.34 – 0.00
Parental role			1.49	.015	0.30 – 2.68			1.43	.028	0.15 – 2.69
CU x parental role			0.01	.890	-0.18 – 0.21			0.02	.848	-0.18 – 0.22
Education			-	-	-			-0.19	.770	-1.45 – 1.07
Socioeconomic level			-	-	-			0.04	.949	-1.19 – 1.28
EPP model	.32 (.10)	7.59		< .001		.33 (.11)	3.46		.002	
EPP			0.13	.064	-0.01 – 0.26			0.14	.049	0.00 – 0.28
Parental role			1.85	.002	0.68 – 3.02			1.70	.009	0.43 – 2.97
EPP x parental role			0.00	.980	-0.16 – 0.16			0.02	.838	-0.15 – 0.18
Marital status			-	-	-			0.24	.511	-0.48 – 0.95
Occupation status			-	-	-			-0.41	.450	-1.49 – 0.66
Education			-	-	-			-0.44	.547	-1.88 – 1.00
Socioeconomic level			-	-	-			0.12	.859	-1.22 – 1.46
CRS total score model	.37 (.14)	10.83		< .001		.39 (.15)	4.94		< .001	
CRS total score			0.03	.045	0.00 – 0.06			0.03	.031	0.00 – 0.06
Parental role			1.85	.002	0.71 – 2.99			1.78	.005	0.54 – 3.02
CRS total score x parental role			0.01	.519	-0.02 – 0.04			0.02	.391	-0.02 – 0.05
Marital status			-	-	-			0.36	.306	-0.34 – 1.06
Occupational status			-	-	-			-0.61	.259	-1.67 – 0.45
Education			-	-	-			-0.11	.874	-1.42 – 1.20
Socioeconomic level			-	-	-			-0.55	.442	-1.96 – 0.86

Notes. Parental role was defined as Father = 0; Mother = 1; CI = confidence interval; CA = Coparenting agreement; CC = Coparenting closeness; EC = Exposure to conflict; CS = Coparenting support; CU = Coparenting undermining; EPP = Endorse partner parenting; CRS = Coparenting Relationship Scale.

Endorse of partner parenting. The final adjusted model was statistically significant, explaining 11% of the variance in parenting self-efficacy, $R^2 = .11$, $F = 3.46$, $p = .002$. More endorse of partner parenting was associated with higher parenting self-efficacy, $\beta = 0.14$, $p = .049$, 95% CI [0.00, 0.28] (see Table 4).

CRS total score. The final adjusted model was statistically significant, explaining 15% of the variance in parenting self-efficacy, $R^2 = .15$, $F = 4.94$, $p < .001$. Higher CRS total scores were associated with higher parenting self-efficacy, $\beta = 0.03$, $p = .031$, 95% CI [0.00, 0.06] (see Table 4).

Parental role and parenting self-efficacy. In all the final adjusted models, being a mother was associated with higher parenting self-efficacy, β s range = 1.43 – 2.05, all $ps < .05$ (see Table 4).

The moderating role of parental role in the association between coparenting and parenting self-efficacy at 6 months postpartum

The interaction between exposure to conflict and parental role was marginally associated with parenting self-efficacy, $\beta = -0.20$, $p = .095$, 95% CI [-0.45, -0.04] (see Table 4). Conditional effects revealed that more exposure to conflict was associated with lower parenting self-efficacy in mothers, $\beta = -0.15$, $p = .011$, 95% CI [-0.26, -0.03]. However, in fathers, exposure to conflict was not associated with parenting self-efficacy, $\beta = 0.06$, $p = .592$, 95% CI [-0.16, 0.27] (see Figure 1). The remaining interactions between coparenting dimensions and parental role were not associated with parenting self-efficacy (see Table 4).

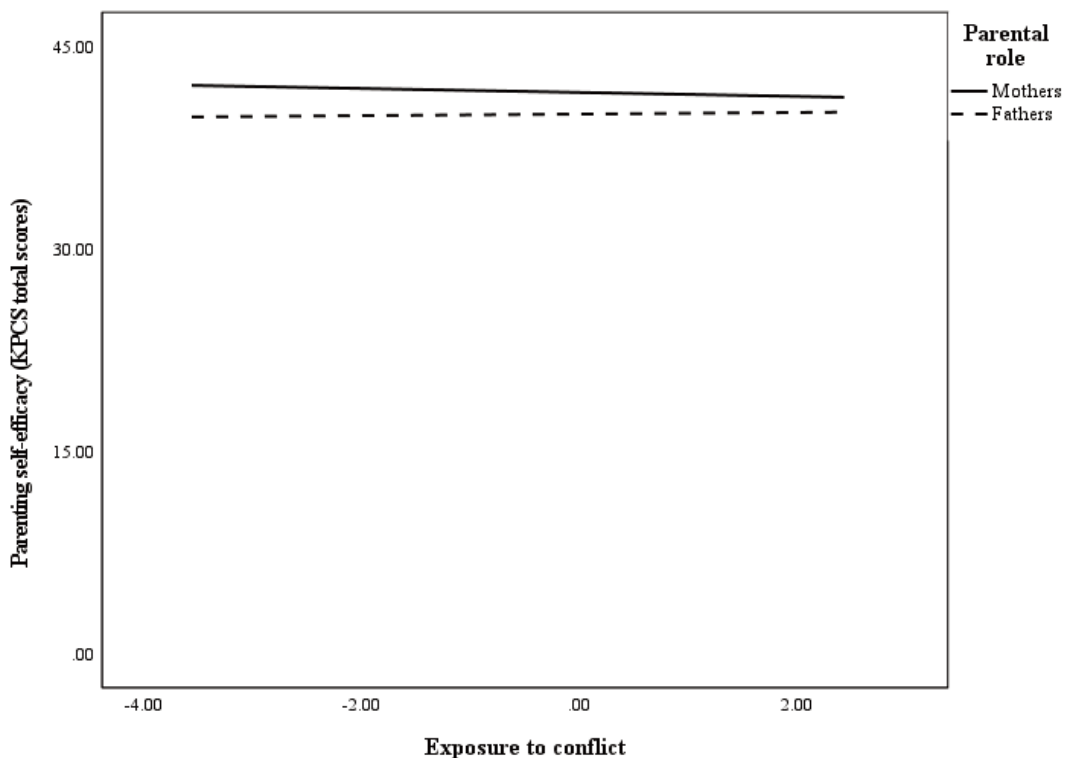


Figure 1. The moderator role of parental role in the association between exposure to conflict and parenting self-efficacy (KPCS total scores)

Discussion

This study provides evidence on the associations between coparenting and parenting self-efficacy in mothers and fathers at 6 months postpartum. Overall, most coparenting dimensions were associated with parenting self-efficacy, with the exception of exposure to conflict. Specifically, more coparenting agreement, closeness, support, and endorse of partner parenting were associated with higher parenting self-efficacy in both mothers and fathers, whereas more coparenting undermining were associated with lower parenting self-efficacy across parents.

These findings are consistent with previous research suggesting that cooperative coparenting dynamics are linked to better parenting outcomes, including higher parenting self-efficacy, while coparenting undermining is associated with lower levels of parenting self-efficacy (Altenburger & Schoppe-Sullivan, 2021; Merrifield & Gamble, 2013; Schoppe-Sullivan et al., 2008). Parents who perceive their coparenting relationship as supportive, collaborative, and characterized by agreement and validation tend to feel greater confidence in their parenting abilities, as they may feel supported and respected in the performance of parenting tasks (Biehle & Mickelson, 2011; Merrifield & Gamble, 2013; Pinto et al., 2016). In contrast, coparenting undermining may weaken parents' confidence in their parenting abilities, reducing their willingness to actively engage in parenting tasks and limiting opportunities for mutual learning, which may ultimately hinder the development of parenting self-efficacy and effective parenting practices (Best & Campbell, 2026; Merrifield & Gamble, 2013; Wang & Schoppe-Sullivan, 2025).

Differences in parenting self-efficacy were found between mothers and fathers, with mothers reporting higher levels than fathers, as found in previous studies (Gordo et al., 2018; Salonen et al., 2009; Solmeyer & Feinberg, 2011). These differences may be understood considering persistent, although evolving, gendered expectations surrounding parenting roles. Despite increasing paternal involvement, mothers continue to have the main caregiving role, which may foster greater opportunities for mastery experiences and reinforcement of parenting competence. In contrast, fathers may still be perceived – and may perceive themselves – as secondary caregivers, which can undermine their perceived confidence in the performance of parenting tasks (Donithen & Schoppe-Sullivan, 2022; Gaunt, 2006; Gaynor et al., 2024).

Findings from the present study suggested that parental role did not moderate the associations between coparenting and parenting self-efficacy, except for the association between exposure to conflict and parenting self-efficacy. This suggests that coparenting operates as a shared relational context potentially influencing perceived parenting competence similarly across parental roles. This align with theoretical perspectives emphasizing the convergence of maternal and paternal roles in contemporary families, where increasing paternal involvement and more egalitarian caregiving have reduced traditional divisions in parenting (Fagan et al., 2014; Gaunt & Deutsch, 2024; Pinho & Gaunt, 2024). In this context, coparenting quality may function as a relational resource for both mothers and fathers, with variability in parenting self-efficacy being better explained by other individual factors such as parental cognitions, role beliefs and caregiving involvement, rather than by parental role per se (Schoppe-Sullivan et al., 2008; Wang & Cheung, 2023). Nonetheless, more exposure to conflict was found to be associated and lower parenting self-efficacy in mothers, but not in fathers. Although this finding should be interpreted with caution, according to the Role Identity Theory (Stryker & Burke, 2000), it may reflect differences in parental role salience, with motherhood typically being more central to the self-concept than fatherhood. In this context, coparental conflict may act as a threat to the parental self, particularly for mothers.

These findings highlight the importance of coparenting as a target for early psychological interventions aimed at strengthening parenting during the transition to parenthood. By identifying

at-risk parents, such interventions can foster a supportive coparenting relationship that promotes parenting self-efficacy in both parents. At the same time, supporting cooperative coparenting in both parents remains important for promoting parental well-being and positive developmental environments for children (Feinberg & Kan, 2008; Feinberg et al., 2009, 2015).

This study has some limitations, the most prominent being that it is cross-sectional. These results only concern this sample and cannot be generalised to populations with different sociodemographic characteristics. Using a longitudinal design may be beneficial for future studies to better understand the prospective association between coparenting and parenting self-efficacy across the transition to parenthood. Another limitation is related to the study sample. As maternal and paternal data were drawn from two independent cohort studies, we could not conduct dyadic analyses and examine within-family comparisons. As the two samples were recruited independently in the same setting and with a six-month temporal overlap, it is possible that some of the participating mothers and fathers were part from the same couples. However, as participation was anonymous, this could not be verified or considered in the analyses. An additional limitation concerns the smaller number of fathers included in the sample compared to the number of mothers, which may have limited the statistical power to analyse the moderating role of parental role. Future research should aim to include larger and more balanced samples of mothers and fathers to allow a more robust examination of potential moderation effects. Finally, important factors such as social support and child temperament were not included (Solmeyer & Feinberg, 2011; Teubert & Pinquart, 2010), and should be considered in future research to provide a more comprehensive understanding of the associations between coparenting and parenting self-efficacy.

Conclusion

This study suggests the relevance of coparenting quality for parenting self-efficacy in the early postpartum period, with similar associations observed for mothers and fathers. Overall, the findings support coparenting as a potential key relational context in the development of parental confidence. These results underscore the importance of targeting coparenting in early family interventions aimed at strengthening parenting.

Declaration of conflicting of interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Informed consent

All participants provided informed consent to participate and the experiments were both conducted in compliance with the Declaration of Helsinki.

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Authors contribution

Conceptualization: AL, TMP, BF; Methodology: AL, TMP, BF; Formal analysis: AL; Writing – Original draft: AL; Writing – Review and editing: TMP, BF.
All the authors read and approved the final manuscript.

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Coparentalidade e autoeficácia parental em mães e pais aos seis meses após o parto

Resumo: *Objetivos:* Embora os estudos sobre a associação entre a coparentalidade e a autoeficácia parental estejam a aumentar, pouco se sabe sobre essa associação tanto em mães como em pais durante o período pós-parto. Para compreender melhor a associação entre a coparentalidade e a autoeficácia parental durante a transição para a parentalidade, este estudo teve como objetivo analisar a associação entre a coparentalidade e a autoeficácia parental aos seis meses pós-parto, bem como avaliar o papel moderador do papel parental nessa associação. *Métodos:* O estudo incluiu uma amostra independente de 161 mães e uma amostra independente de 44 pais ($N = 212$), recrutados independentemente e, portanto, não constituindo duplas. Seis meses após o parto, os pais preencheram um questionário sociodemográfico auto-relatado e medidas para avaliar a coparentalidade (Escala de Relação de Co-parentalidade) e a autoeficácia parental (Escala de Confiança Parental Karitane). *Resultados:* Os resultados mostraram que níveis maiores de acordo nas práticas parentais, proximidade coparental, suporte coparental, aprovação parental e a pontuação total da Escala da Relação Coparental estavam associadas a uma maior autoeficácia parental, enquanto níveis maiores de sabotagem estavam associados a uma menor autoeficácia parental. Não foi encontrada nenhuma moderação significativa do papel parental entre a coparentalidade e a autoeficácia parental. No entanto, a interação entre exposição ao conflito e o papel parental esteve marginalmente associada à autoeficácia parental. Mais exposição ao conflito esteve associada a uma menor autoeficácia parental nas mães. No entanto, nos pais, a exposição ao conflito não esteve associada à autoeficácia parental. *Conclusão:* Este estudo destaca a importância de focar na coparentalidade para promover a autoeficácia parental dos pais durante a transição para a parentalidade.

Palavras-chave: Coparentalidade, Autoeficácia parental, Papel parental.

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